

NOV 14 2003

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**Date:** November 14, 2003

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(Art Unit 3711)  
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**Number of Pages INCLUDING This Cover Sheet:** 20

**Our Docket No.:** U.S.S.N. 09/771,526 (ADI-020C1)

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PATENT  
Attorney Docket No. ADI-020C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Dobrounig CONFIRMATION NO.: 9695  
SERIAL NO.: 10/771,526 GROUP NO.: 3711  
FILING DATE: January 29, 2001 EXAMINER: S. Wong  
TITLE: Football

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence, and any document(s) referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile No. (703) 872-9303 on this 14<sup>th</sup> day of November, 2003.

  
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Alexandria, VA 22313-1450

Attached hereto is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg);
3. Copy of Fee Transmittal Form (1 pg.);
4. Response (14 pgs.); and
5. Petition for Extension of Time (1 pg)

Total pgs. 20

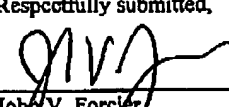
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|---------------------|---------------------------|------------------|
| TRANSMITTAL<br>FORM | Application Serial Number | 09/771,526       |
|                     | Filing Date               | January 29, 2001 |
|                     | First Named Inventor      | Dobrounig        |
|                     | Group Art Unit            | 3711             |
|                     | Examiner Name             | S. Wong          |
|                     | Attorney Docket No.       | ADI-020C1        |
|                     | Confirmation No.          | 99695            |
|                     | Issue Date                | Not applicable   |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input checked="" type="checkbox"/> Copy of Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Response<br><input type="checkbox"/> Preliminary<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u>      </u> ]<br><br><input checked="" type="checkbox"/> Petition for Extension of Time<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><br><input type="checkbox"/> Formal Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input type="checkbox"/> Return Receipt Postcard<br><br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><br><input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |

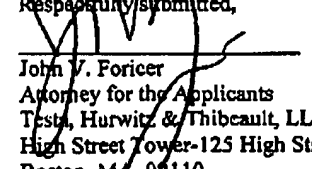
| CORRESPONDENCE ADDRESS  | SIGNATURE BLOCK   |
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| Direct all correspondence to: Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100 | Respectfully submitted,<br><br>Date: November 14, 2003<br>Reg. No. 42,545<br>Tel. No.: (617) 248-7675<br>Fax No.: (617) 248-7100<br>John V. Forcier<br>Att./Agent for Applicant(s)<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110 |

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# **FEE TRANSMITTAL** **FY 2004**

Complete if Known

|                           |                  |
|---------------------------|------------------|
| Application Serial Number | 09/771.526       |
| Filing Date               | January 29, 2001 |
| First Named Inventor      | Dobrounig        |
| Group Art Unit            | 3711             |
| Examiner Name             | S. Wong          |
| Attorney Docket No.       | ADI-020C1        |

| METHOD OF PAYMENT  |                                 |  |              | FEE CALCULATION (continued)   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|--|---------------------------------|--|--------------|---|---------------------------------|---------------|------|-----------------------|-----------------------|-----------------|-------------------|--------------|-----|-------------------------------------|-------|----|--------------|--|--|--------|--------------|---------------------------|--------------|--------------|-------|------------------------------------|-------|------|------------------------|--|--|-----|------|---|------------|--------|-----|--|--|------|------------------------|---|--|------|------|--|--|-----|-----|------------------|--|-----|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|-----|-----|---|--|-----|----|-----------------------------------|--|---------------------|--|--|--|---------------------|--|--|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other  |                                 |  |              | 3. ADDITIONAL FEES<br><table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte reexamination</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>420</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>950</td> <td>475</td> <td>Extension for reply within third month</td> <td>950.00</td> </tr> <tr> <td>1480</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>2010</td> <td>1005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>290</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>770</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>770</td> <td>385</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Submission of Terminal Disclaimer</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> </tbody> </table> |                                 |               |      | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid          | 130          | 65  | Surcharge - late filing fee or oath |       | 50 | 25           | Surcharge - late provisional filing fee or cover sheet |  | 130    | 130          | Non-English specification |              | 2,520        | 2,520 | Request for ex parte reexamination |       | 110  | 55                     | Extension for reply within first month |  | 420 | 210  | Extension for reply within second month |            | 950    | 475 | Extension for reply within third month | 950.00   | 1480 | 740                    | Extension for reply within fourth month |  | 2010 | 1005 | Extension for reply within fifth month |  | 330 | 165 | Notice of Appeal |  | 330 | 165 | Filing a brief in support of an appeal |  | 290 | 145 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 180 | 180 | Submission of Information Disclosure Statement |  | 770 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 770 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 100 | 100 | Certificate of Correction for applicant's error |  | 110 | 55 | Submission of Terminal Disclaimer |  | Other fee (Specify) |  |  |  | Other fee (Specify) |  |  |  |
| Large Entity Fee (\$)  | Small Entity Fee (\$)           | Fee Description  | Fee Paid     |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 130  | 65                              | Surcharge - late filing fee or oath                            |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 50   | 25                              | Surcharge - late provisional filing fee or cover sheet         |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 130  | 130                             | Non-English specification                                      |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2,520  | 2,520                           | Request for ex parte reexamination                             |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 110  | 55                              | Extension for reply within first month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 420  | 210                             | Extension for reply within second month                        |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 950  | 475                             | Extension for reply within third month                         | 950.00       |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 1480   | 740                             | Extension for reply within fourth month                        |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2010   | 1005                            | Extension for reply within fifth month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 330  | 165                             | Notice of Appeal   |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 330  | 165                             | Filing a brief in support of an appeal                         |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 290  | 145                             | Request for oral hearing                                       |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 130  | 130                             | Petitions to the Commissioner                                  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 180  | 180                             | Submission of Information Disclosure Statement                 |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 770  | 385                             | Filing a submission after final rejection (37 CFR 1.129(a))    |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 770  | 385                             | For each additional invention to be examined (37 CFR 1.129(b)) |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 100  | 100                             | Certificate of Correction for applicant's error                |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 110  | 55                              | Submission of Terminal Disclaimer                              |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input type="checkbox"/> Overpayment Credit.   |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 3. <input type="checkbox"/> Applicant claims small entity status.  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| FEE CALCULATION  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 1. FILING FEE<br><table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>770</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>340</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>160</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td></td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td></td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$290.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$) 0.00</td> </tr> </tbody> </table> |                                 |  |              | Large Entity Fee (\$)   | Fee Description                 | Fee Paid      | 770  | Utility filing fee    |                       | 340             | Design filing fee |              | 160 | Provisional filing fee              |       |    | Number Filed | Number Extra   | Rate   | Amount | Total Claims | - 20 =                    |              | x \$ 18.00 = |       | Independent Claims                 | - 3 = |      | x \$ 86.00 =           |  | <input type="checkbox"/> Multiple Dependent Claim(s), if any |     |      |   | \$290.00 = | TOTAL: |     |  |  |      | SMALL ENTITY DISCOUNT: |   |  |      |      | SUBTOTAL (1)                           |  |     |     | (\$) 0.00        |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Large Entity Fee (\$)  | Fee Description                 | Fee Paid   |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 770  | Utility filing fee              |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 340  | Design filing fee               |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 160  | Provisional filing fee          |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|  | Number Filed                    | Number Extra   | Rate         | Amount  |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Total Claims   | - 20 =                          |  | x \$ 18.00 = |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Independent Claims   | - 3 =                           |  | x \$ 86.00 = |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any   |                                 |  |              | \$290.00 =  |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| TOTAL:   |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SMALL ENTITY DISCOUNT:   |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SUBTOTAL (1)   |                                 |  |              | (\$) 0.00   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2. AMENDMENT CLAIM FEES<br><table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Percent Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>- 20 =</td> <td></td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>- 3 =</td> <td></td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td>+ \$290.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$) 0.00</td> </tr> </tbody> </table>   |                                 |  |              | Claims Remaining After Amend.   | Highest No. Previously Paid For | Percent Extra | Rate | Fee Paid              | Total                 | - 20 =          |                   | x \$ 18.00 = |     | Indep.                              | - 3 = |    | x \$ 86.00 = |  | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |        |              |                           | + \$290.00 = | TOTAL:       |       |                                    |       | (\$) | SMALL ENTITY DISCOUNT: |  |  |     | (\$) | SUBTOTAL (2)                            |            |        |     | (\$) 0.00                              | SUBTOTAL (3) (\$) 950.00<br><br>SUBTOTAL (1) 0.00<br>SUBTOTAL (2) 0.00<br>SUBTOTAL (3) 950.00<br><br>TOTAL (\$) 950.00 |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Claims Remaining After Amend.  | Highest No. Previously Paid For | Percent Extra  | Rate         | Fee Paid  |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Total  | - 20 =                          |  | x \$ 18.00 = |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Indep.   | - 3 =                           |  | x \$ 86.00 = |   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim   |                                 |  |              | + \$290.00 =  |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| TOTAL:   |                                 |  |              | (\$)  |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SMALL ENTITY DISCOUNT:   |                                 |  |              | (\$)  |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SUBTOTAL (2)   |                                 |  |              | (\$) 0.00   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| CORRESPONDENCE ADDRESS   |                                 |  |              | SIGNATURE BLOCK   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100  |                                 |  |              | Date: November 14, 2003<br>Reg. No.: 42,545<br>Tel. No.: (617) 248-7675<br>Fax No.: (617) 248-7100<br><br>Respectfully submitted,<br><br>John V. Forcier<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |       |    |              |  |  |        |              |                           |              |              |       |                                    |       |      |                        |  |  |     |      |   |            |        |     |  |  |      |                        |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |

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